

To Cover

IN THE UNITED STATES COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

IN RE: Robinane Altieri

Debtor

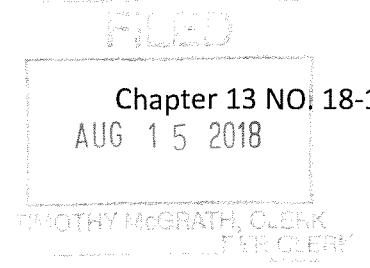
Vs

Wilmington Savings Fund Society, FSB d/b/a/

Christiana Trust, not individually but as trustee

For Premium Mortgage Acquisition Trust, Movant

William C. Miller, Trustee



NOTICE OF ANSWER TO MOVANTS MOTION FOR RELIEF FROM THE AUTOMATIC STAY I PRAY
THE COURT DOES NOT GRANT THE RELIEF FROM THE AUTOMATIC STAY

1. I, Robinanne Altieri, kindly ask the Court for a Continuance in Regard to the September 4th, 2018 Hearing of this matter, at 10:30 AM. Due to Medical Reasons. Exhibit A.
2. I, Robinanne Altieri, am not the Debtor in Regard to this Mortgage. I am the daughter of the deceased, Robert L. Altieri DOB, 7/17/1937. He was deceased since May 27th, 2016.
3. The Mortgage Payments Ms. Solarz is suggesting, were never divulged to me, debtor Robinanne Altieri, or served to me on paper or verbally, therefore I had no idea that they existed. In effect, how could I have paid them? Santander Bank claimed to be the Mortgage Holder, Exhibit B.
4. I, Robinanne Altieri am daughter of Robert Altieri. Birth Certificate Enclosed, Exhibit C.
5. I, Robinanne Altieri request that the Automatic Stay Continue in regard to this matter as I was unaware of this situation and can easily remedy it, by figuring any arrears incurred into the repayment plan for my Chapter 13 Bankruptcy Plan. Which I will file as soon as possible due to my Medical Condition. I was Assaulted on July 24th, and have great difficulty Ambulating, moving due to herniated discs in my back, at this time. Exhibit D.
6. I am also fighting a Protection from Abuse Order at this time and kindly require some time to straighten these things out. Thank You.

WHEREFORE, I, Robinanne Altieri, Kindly request that the STAY remain in effect permitting Me, the Debtor to Adequately Consolidate my debts as well as any debts of my dads, Robert Altieri, that I am responsible for. I kindly ask for a Continuance for the Hearing Scheduled for September 4th, at 10:30 as well due to the Medical and Clerical Reasons set forth above.

Sincerely, Robinanne Altieri Debtor

Cc/ Rebecca A Solarz, Esquire

A large, handwritten signature in black ink. The signature is fluid and cursive, appearing to read 'Robin Altieri'. Below the signature, the date 'Aug. 10th, 2018' is handwritten.

Date



Bryn Mawr Hospital
Main Line Health®

AFTER VISIT SUMMARY

Robin A Altieri MRN: 000010410530

7/24/2018

Bryn Mawr Hospital Emergency Department 484-337-3770

Instructions

TAKE MOTRIN AND TYLENOL EVERY 6 HOURS FOR PAIN

ALTERNATE ICE AND HEAT ON THE AFFECTED AREA, 20 MINUTES ON
20 MINUTES OFF

RETURN TO THE ER IF ANY INCREASE IN FEVER > 101, INCREASE BACK
PAIN, NECK PAIN, NUMBNESS OR TINGLING IN YOUR TOES, CHANGE
IN BOWEL OR BLADDER FUNCTION, CHANGE IN COLOR OR
TEMPERATURE OF YOUR TOES, INCREASE, HEADACHE, DIZZINESS,
BLOOD IN YOUR URINE, WEAKNESS IN YOUR LEGS OR ANY
CONCERNS, VOMITING OR ANY CONCERNS



Read the attached information

1. Lumbosacral Strain (English)
2. Thoracic Strain (English)



Schedule an appointment with Xiaobin Li, MD as soon as possible for a visit in 2 days (around 7/27/2018)

Contact: 2010 WEST CHESTER PIKE
SUITE 448
Havertown PA 19083
610-853-2502



Follow up with Bryn Mawr Hospital Emergency Department

Why: As needed, If symptoms worsen
Specialty: Emergency Medicine
Contact: 130 South Bryn Mawr Avenue
Bryn Mawr Pennsylvania 19010
484-337-3770

What's Next

You currently have no upcoming appointments scheduled.

Additional Information

If you do not continue to improve, or if your condition worsens, please
call your doctor or the Emergency Department right away. You may also

Today's Visit

You were seen by Richard Shoemaker, MD
and Lori H. Bodenheimer, PA

Reason for Visit

Assault Victim

Diagnoses

- Strain of lumbar region, initial encounter
- Thoracic myofascial strain, initial encounter

Imaging Tests

CT ABDOMEN PELVIS WITHOUT IV
CONTRAST

X-RAY LUMBAR SPINE 2 OR 3 VIEWS

X-RAY RIBS LEFT WITH PA CHEST

Your End of Visit Vitals



Blood
Pressure
131/73



Temperature
(Tympanic)
99.8 °F



Pulse
111



Respiration
18



Oxygen
Saturation
99%

Exhibit A

* Very much
trouble
walking

VITAL RECORDS

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH.

Certification of Birth

Date of Birth: **JUNE 30, 1965**

State File Number: **094380-1965**

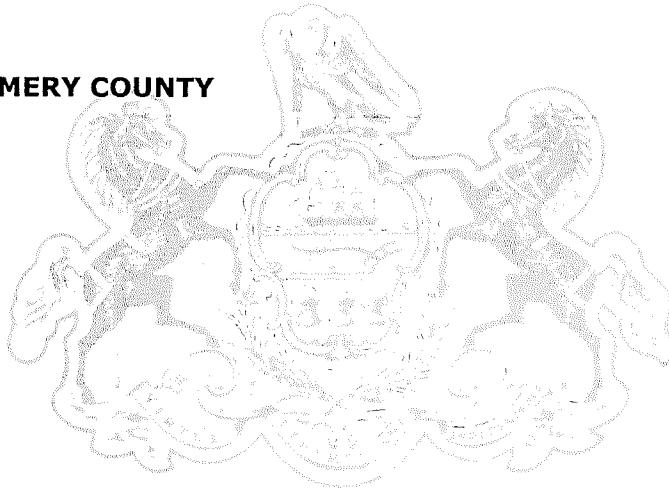
Date Issued: **AUGUST 12, 2014**

Date Filed: **JULY 10, 1965**

Name: **ROBIN ANN ALTIERI**

Sex: **FEMALE**

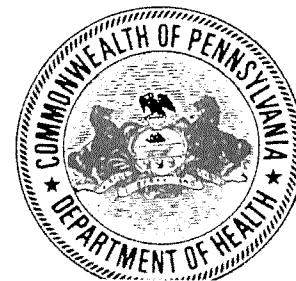
Place of Birth: **MONTGOMERY COUNTY**



This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

Marina O'Reilly Matthew

Marina O'Reilly Matthew
State Registrar



Birth certificate

**IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY,
PENNSYLVANIA OFFICE OF JUDICIAL SUPPORT**

RULE OF CIVIL PROCEDURE NO. 236

Robinanne Altieri,
Plaintiff

v.

Alexander Morella,
Defendant.

No. CV-2018-081141

NOTICE IS GIVEN UNDER PENNSYLVANIA RULE OF CIVIL PROCEDURE NO. 236 THAT AN ORDER IN THE ABOVE CASE HAS BEEN ENTERED ON 07-25-2018.

SIGNED 07-25-2018
FILED 07-25-2018
PER Judge John J. Whelan

TIME AND LEGAL LIABILITY DO NOT PERMIT THE OFFICE OF JUDICIAL SUPPORT TO GIVE DOCKET INFORMATION BY TELEPHONE.

NO EXCEPTIONS!

Robinanne Altieri CV-2018-081141
12 Holbrook Rd
Havertown PA 19083

Exhibit D
PFA order

Fill in this information to identify the case:

Debtor 1	Robinanne Anne Altieri a/k/a Antiques Collectibles a/k/a Robinanne Anne Morella		
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court for the:	Eastern	District of	PA (State)
Case number	18-13128		

Exhibit B

Official Form 410S1

Notice of Mortgage Payment Change

12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any changes in the installment payment amount. File this form as a supplement to your proof of claim at least 21 days before the new payment amount is due. See Bankruptcy Rule 3002.1.

Name of creditor: Santander Bank, N.A.

Court claim no. (if known): 9

Last 4 digits of any number you use to identify the debtor's account: 0 4 6 4

Date of payment change: 08/21/18
Must be at least 21 days after date of this notice

New total payment: \$ 115.51
Principal, interest, and escrow, if any

Part 1: Escrow Account Payment Adjustment

1. Will there be a change in the debtor's escrow account payment?

No

Yes. Attach a copy of the escrow account statement prepared in a form consistent with applicable nonbankruptcy law. Describe the basis for the change. If a statement is not attached, explain why: _____

Current escrow payment: \$ _____

New escrow payment: \$ _____

Part 2: Mortgage Payment Adjustment

2. Will the debtor's principal and interest payment change based on an adjustment to the interest rate on the debtor's variable-rate account?

No

Yes. Attach a copy of the rate change notice prepared in a form consistent with applicable nonbankruptcy law. If a notice is not attached, explain why: _____

Current interest rate: _____ %

New interest rate: _____ %

Current principal and interest payment: \$ _____

New principal and interest payment: \$ _____

Part 3: Other Payment Change

3. Will there be a change in the debtor's mortgage payment for a reason not listed above?

No

Yes. Attach a copy of any documents describing the basis for the change, such as a repayment plan or loan modification agreement. (Court approval may be required before the payment change can take effect.)

Reason for change: Number of days in month change payment amount

Current mortgage payment: \$ 113.73

New mortgage payment: \$ 115.51

Debtor 1 Robinanne Anne Altieri a/k/a Antiques Collectibles a/k/a Robinanne Anne Morella
First Name Middle Name Last Name

Case number (if known) 18-13128

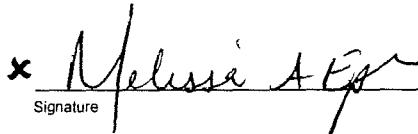
Part 4: Sign Here

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

I am the creditor.
 I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.


Signature

Date 08/02/2018

Print: Melissa A Epler Bankruptcy Administrator
First Name Middle Name Last Name Title

Company Santander Bank, N.A.

Address 450 Penn Street
Number 450 Street Penn Street
Reading PA 19602
City Reading State PA ZIP Code 19602

Contact phone (610) 401-9312 Email DeftBkr@santander.us